) FOR RCF 0/58/17 (10-07) DMB 0651-0032

STATE TRACEMENT

PTO/SB/17 (10-07)
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2008				Complete if Known				
				Application Number 10/779,674-Conf. #8543				
				Filing Date	February 18, 2004			
				First Named Inv		Yi-Fang CHOU		
				Examiner Name H. N. Nguyen				
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 2834				
TOTAL AMOUNT OF PAYMENT (\$) 1,140.00				Attorney Docket No. 0941-0918P				
METHOD OF PAYMEN	T (check all	that apply)						
Check Credit Card Money Order Other (please identify):								
X Deposit Account Depo	sit Account Num	nber: 02-2	448	Deposit	Account Name	e: Birch, Stewar	rt, Kolasch &	Birch, LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
X Charge any a fee(s) under 3		(s) or underpaym and 1.17	ents o	x Credit	any overp	ayments		
FEE CALCULATION								
1. BASIC FILING, SEARCI	I, AND EXA	MINATION FEES	3					
	FILIN	NG FEES	SE	ARCH FEES	EXAMIN	NATION FEES	3	
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)
Utility	310	155	510	255	210	105	-	
Design	210	105	100	50	130	65		
Plant	210	105	310	155	160	80		
Reissue	310	155	510	255	620	310	-	
Provisional	210	105	0	. 0	0	0		
2. EXCESS CLAIM FEES			·	. •	·	· ·		Small Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (includ	ing Reissues	s)					50	25
Each independent claim over 3 (including Reissues)							210	105
Multiple dependent claims							370	185
Total Claims				Paid (\$) Multiple Dependent Claims				
18 · 22 = x =			Fee (\$)		Fee Paid (\$)			
HP = highest number of total cla	ims paid for, if	greater than 20.						_
			Paid (\$)			.*		
		210.00 =		0.00				
HP = highest number of indeper	•	d for, if greater than	3.					
3. APPLICATION SIZE FEI		- 1 100 -1 0		( 1	. 11 6			
If the specification and dr listings under 37 CFR								n
sheets or fraction there					or sman C	inity) for cacif a	idditional 3	•
	xtra Sheets		-	dditional 50 or frac	ction therec	<u> Fee (\$)</u>	Fee	Paid <u>(\$)</u>
		/50 =		(round up to a who	ole number)		=	
4. OTHER FEE(S)							Fees	Paid (\$)
Non-English Specificati								
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 1251 Extension for response within first month								0.00
		251 Extension	for res	sponse within fi	rst month		12	20.00
SUBMITTED BY								
Signature	Registration No.	43,368	Telephone	(703) 20	5-8000			
Name (Print/Type) Paul C. L	.ewis					Date	February 1	19, 2008